
Application Data Sheet

Application Information

Application number:: *None*
Filing Date:: *02/25/04*
Application Type:: *Regular*
Subject Matter:: *Utility*
Suggested classification:: *514/23*
Suggested Group Art Unit:: *None*
CD-ROM or CD-R?:: *0*
Number of CD disks:: *0*
Number of copies of CDs:: *0*
Sequence submission?:: *None*
Computer Readable Form
(CRF)?:: *No*
Number of copies of CRF:: *0*
Title :: *Dietary Supplement For Suppressing
Appetite, Enhancing and Extending
Safety, Improving Glycemic Control,
and Stimulant Free*
Attorney Docket Number:: *None*
Request for Early Publication?:: *No*
Request for Non-Publication?:: *No*
Suggested Drawing Figure:: *0*
Total Drawing Sheets:: *0*
Small Entity?:: *No*
Latin name::
Variety denomination name::
Petition included?:: *No*
Petition Type::
Licensed US Govt. Agency:: *None*
Contract or Grant Numbers:: *None*
Secrecy Order in Parent Appl.?:: *No*

— Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *US*

Country::

Status::

Given Name:: *Alvin*

Middle Name::

Family Name:: *Needleman*

Name Suffix::

City of Residence:: *Lancaster*

**State or Province of
Residence::** *Pennsylvania*

Country of Residence:: *US*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

**State or Province of
mailing address::** *Pennsylvania*

**Country of mailing
address::** *US*

**Postal or Zip Code of
mailing address::** *17601-5449*

— Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *US*

Country::

Status::

Given Name:: *Harriet*

Middle Name::

Family Name:: *Needleman*

Name Suffix::

City of Residence:: *Lancaster*

**State or Province of
Residence::** *Pennsylvania*

Country of Residence:: *US*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

**State or Province of
mailing address::** *Pennsylvania*

**Country of mailing
address::** *US*

**Postal or Zip Code of
mailing address::** *17601-5449*

Correspondence Information

**Correspondence Customer
Number ::**

Name:: *Alvin Needleman*

Street of mailing address:: *2111 Mallard Dr*

City of mailing address:: *Lancaster*

**State or Province of mailing
address::** *Pennsylvania*

Country of mailing address:: *US*

**Postal or Zip Code of mailing
address::** *17601-5449*

Phone number:: *717-295-7647*

Fax Number: *717-295-8382*

E-Mail address:: *alneedleman@comcast.net*

Representative Information

Representative Customer Number::	NONE	
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-OR-

Representative Designation::	Registration Number::	Representative Name::
NONE	NONE	NONE

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
NONE	N/A	N/A	N/A